



Office of Education and Conference Center
The New York Academy of Medicine
New York, New York

**The Road to 2015 and Beyond: Meeting the Future Challenges of the Baby Boomer Generation
An Independent Aging Agenda Event
of the
2005 White House Conference on Aging**

**Sponsored and Developed by
Section on Social Work of the New York Academy of Medicine
and held on
September 23, 2005
at The New York Academy of Medicine
New York, New York**

Executive Summary

In 2001 and 2002, the Social Work Fellows of The New York Academy of Medicine sponsored a three session Summit "*Can My Eighties Be Like My Fifties?*" These sessions brought over 200 Baby Boomers, medical, public health, social work and nursing professionals and educators face to face to envision the future needs and preferences of the 78 million members of the Baby Boomer generation, reaching age 65 in 2015 and beyond. The Summit identified characteristics of the "generation" that distinguish them from the current aged as well as gaps in knowledge of what policies, practices and systems will be needed and used. Culture, ethnicity and socioeconomic status were important variables in determining both need and preference. The message to practitioners and policy makers was - "We are not prepared."

As we enter 2005, many in the health professions realize the urgency of planning for 2015 and beyond. Health and social service systems are unprepared to meet the challenges or understand the benefits of large numbers of older persons with diverse perspectives, needs and demands that may be very different from those of today. Adding to this concern is recognition that Baby Boomers, the leading edge of who are in their 50's, are, themselves, unprepared for their future. New service delivery, practice and professional education paradigms are needed, as are public policies to support these models. These new paradigms of care, care giving and services need to be tested, studied, promoted and disseminated. Simultaneously, new models of multi-professional education and practice are needed to support these new paradigms.

182 Conference attendees, including physicians, nurses, social workers, nutritionists and other health professionals gathered on September 23, 2005 to identify and examine policy and practice issues and barriers that will emerge and must be addressed as the Baby Boomer generation ages and to make policy and practice recommendations to the White House Conference on Aging. The following eight (8) issues were highlighted with Recommendations for government and the not for profit service sector to consider adopting.

Supporting Organizations included Brookdale Center on Aging; International Longevity Center (ILC); National Association of Social Workers; State Society on Aging of New York; New York State AARP; Mount Sinai School of Medicine; Weill Cornell Medical College; NYU School of Social Work; Wurzweiler School of Social Work of Yeshiva University; Council of Senior Centers and Services of New York City, and the New York City Department for Aging.



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1. Issue/Barriers

Whereas, the Baby Boom generation will begin to reach 65 years by 2011, thereby increasing the number of older persons to 76 million by 2030 and whereas there is a lack of planning by individuals, communities, the private business sector and government for the service needs and well being of the Baby Boomer generation as its members age, and whereas, the Baby Boomer generation itself is not yet an organized voice, with a specific political agenda;

Solution/Recommendation

We call on Congress and the Administration on Agency on Aging to convene a Planning and Program Development Commission to engage citizens, community leaders and service providers in projecting future needs and wants of the Baby Boomer generation, in identifying models of social and health care services and systems that promote community living models and that address those needs and wants, and in recommending mechanisms to organize and finance such service models and support systems.

2. Issue/Barriers

Whereas, the Baby Boomer generation will double and will live longer, with more chronic health problems but less seriously disabling conditions,

Solutions/Recommendations

We recommend a paradigm shift, moving away from the concept of ageism to reframe aging as part of the life cycle, to use a strength rather than a deficit model and to adopt models for long term living.

We recommend that services and service funding be developed that support long term living, well being and illness prevention as well as new roles for older persons in their communities.

We recommend a policy, planning shift towards universal services, based on need not chronological age that are provided free to those with low income and utilize sliding scale rates for all others.

At the same time, the need for an adoption of a universal long term care benefit and financing of a comprehensive long term care system is critical. Provision of social, health, mental health, and care management services must be included. We all for government as well as the private sector to reach consensus on mechanisms for financing a universal benefit that is not dependent on financial need alone.

3. Issue/Barriers

Whereas there has been an erosion of pension and health care coverage for today's Baby Boomers and whereas, there is a great deal of unease among Boomers at lower and middle incomes regarding their health and financial security as they age.

Solution/Recommendation

We recommend that the Federal government appoint an ongoing Commission to study the effects of declining pension and health insurance benefits and on how these trends will affect the economic well being, and services and resources available to Baby Boomers as they age. The Commission shall report to Congress every five years.



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4. Issue/Barriers

Whereas, the current system of health and aging services is inadequate and characterized by fragmentation and institutionalization and; Whereas public funding for aging services is inflexible and categorical, dictating service limitations and barriers at the local or community level.

Solution/Recommendation

We call on Congress to provide funding for planning and program development, under the Older Americans Act, to establish more flexible services, in collaboration with local communities and which will support new roles for older people to become contributing members of their communities.

Collaboration among the many disciplines and agencies that will provide services is critical and thus we recommend that services designed to maintain health or to treat illness among the Baby Boomer generation carry incentives to create effective links among provider systems – medical, health, social, income security and housing.

5. Issue/Barriers

Whereas, members of the Baby Boomer generation in the United States reflect great cultural and social diversity and whereas, significant economic and health disparities continue to exist within the Baby Boomer generation

Solution/Recommendations

We recommend that flexible service models and funding recognize and acknowledge differences in culture, language and economic condition.

We recommend that incentives be given to attract persons of color and from diverse backgrounds into the health care and social service labor force to work with the older population, and that participation in cultural competency training be made a requirement for certification, graduation and licensing in working with older persons.

6. Issue/Barriers

Whereas, there is a shortage of health care and social service professionals who work with older people today and the demand for these professions will only grow as the Baby Boomer generation ages;

Whereas medical, nursing and social work students are reluctant to specialize in aging, current salaries and prestige are lower than for other specialties, and there is a lack of geriatric/gerontological educators;

Solution/Recommendation

We recommend that the Public Health Service, Administration on Aging and state governments recognize the scope of this shortage problem and provide incentives for students to enter the field of geriatrics, such as tuition reimbursement or loan forgiveness. It is also recommended that incentives be used to attract and retain educators in these professions.



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7. Issue/Barriers

Whereas society holds a low image of those persons who provide health care and services to older persons – home care workers, geriatricians, geriatric nursing practitioners, gerontologists, and outcomes of health and social services for older persons are not understood or appreciated;

Solution/Recommendations

We recommend a public/private national marketing effort to inform the public and improve the image of those who work with older persons;

We further recommend incentives, including funding, to support outcomes research (including interdisciplinary outcomes research) in geriatric/gerontological care.

8. Issue/Barriers

Interdisciplinary teams and collaboration among professional providers in care of older persons are not widely practiced although there is evidence from the Geriatric Interdisciplinary Team Training (GITT) programs and the Geriatric Education Centers (GEC) that multidisciplinary practice with older adults and their families is optimal.

Solution/Recommendations

We recommend that funding for multidisciplinary/interdisciplinary courses in graduate schools and in continuing education programs be provided; that professional accrediting bodies should be encouraged to adopt standards for interdisciplinary practice and education, and that interdisciplinary practice be recognized as eligible for reimbursement (third party payment).